

**AFTERSCHOOL SNACK PROGRAM
(NSLP - Snack)
DAILY SNACK COUNT FORM**

Site _____ Day _____

Supervisor _____ Delivery Time _____ Date _____

Total Snacks Received/Prepared _____

First Snacks to Children:

1	11	21	31	41	51	61	71	81	91
2	12	22	32	42	52	62	72	82	92
3	13	23	33	43	53	62	73	83	93
4	14	24	34	44	54	64	74	84	94
5	15	25	35	45	55	65	75	85	95
6	16	26	36	46	56	66	76	86	96
7	17	27	37	47	57	67	77	87	97
8	18	28	38	48	58	68	78	88	98
9	19	29	39	49	59	69	79	89	99
10	20	30	40	50	60	70	80	90	100

Total First Snacks _____

Second Snacks to Children:

1 2 3 4 5 6 7 8 9 10

Total Second Snacks + _____

Snacks to Program Adults:

1 2 3 4 5 6 7 8 9 10

Total Program Adult Snacks + _____

Snacks to Non-Program (*paying*) Adults:

1 2 3 4 5 6 7 8 9 10

Total Non-Program Adult Snacks + _____

COMMENTS:

Total Snacks Served = _____

Total Damaged/Incomplete Snacks _____

Total Leftover Snacks _____

By signing below, I certify that the above information is true and accurate:

Signature

Date

Monthly Summary Report For National School Lunch Program Snacks In Needy Areas – At Risk

School: _____ County: _____

Month: _____ Report Completed by: _____

Date	Free	Non-Reimbursable 2 nd Snacks*	Program Adult Snacks	Non-Program Adult Snacks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
TOTAL				